

Data Reporting Requirements for Independent Review Entities

**Department of Insurance
Division of Health Insurance Policy and Managed Care
2000 Edition**

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NARRATIVE

Independent Review Entities (IREs) shall report to the Department of Insurance the following information:

- a) The number of independent review decisions in favor of covered persons;**
- b) The number of independent review decisions in favor of insurers;**
- c) The average turnaround time for an independent review decision;**
- d) The number of cases in which the independent review entity did not reach a decision in the time specified in statute or administrative regulation; and**
- e) The reasons for any delay.**

This data specification manual has been developed to identify all information that is required to be reported by an IRE and to prescribe the reporting format and data elements. The Data Reporting Manual includes:

- File specifications for each type of file; and**
- Transmission requirements.**

The Department of Insurance has developed a database to store the information reported in accordance with this Data Reporting Manual. The database is comprised of all files submitted by IREs and is designed to permit the generation of any report related to the submitted data. Once the data is received from the IREs the Department intends to produce an annual report based on the data collected pursuant to this Data Reporting Manual.

COMPLETION NOTES

The data reported in accordance with this Data Reporting Manual shall comply with the following reporting rules:

- Numeric fields shall not be left blank. If there is no data to report for a specific numeric field, zeros shall be used.**

DEFINITIONS

- (1) "Adverse Determination" is defined in 2000 Ky. Acts ch. 262, Section 1(1).**
- (2) "Coverage Denial" is defined in 2000 Ky. Acts ch. 262, section 9(1).**
- (3) "Covered person" is defined in KRS 304.17A-500(2).**
- (4) "Electronic format" means the use of any of the following mechanisms for the submission of data to the Department of Insurance:**
 - (a) A 3.5-inch diskette;**
 - (b) CD ROM; or**
 - (c) A Zip disk in a Microsoft Excel spreadsheet.**
- (5) "External Review" is defined in 2000 Ky. Acts ch. 262, Section 1(5).**

Independent Review Entity (IRE) information

This report provides basic identifying information regarding the IRE who is submitting the report and the specific data the IRE is required to report. This report shall be submitted as sheet 1 of an EXCEL spreadsheet. Row 1 shall contain the field descriptions and row 2 shall contain the data submitted by the IRE.

Row/ Column	Field Description	Valid Values
2/A	IRE Name	Alpha-numeric, maximum 150 characters
2/B	DBA Name	Alpha-numeric, maximum 150 characters
2/C	Contact person	Alpha-numeric, maximum 150 characters
2/D	IRE's telephone number	Must be 10 digits numeric (do not include dashes, etc)
2/E	First line of mailing address	Alpha-numeric, maximum 150 characters
2/F	Second line of mailing address	Alpha-numeric, maximum 150 characters
2/G	City	Alpha-numeric, maximum 150 characters
2/H	State	Must be 2 digits alphabetic
2/I	Zip code	Must be 5 or 9 digits numeric (do not include dashes, etc.)
2/J	Federal tax ID number	Must be 9 digits numeric (do not include dashes, etc.)
2/K	Number of requests for External Review received by IRE.	Must be numeric. This is the total number of External Review requests received during the reporting year.
2/L	Number of requests for External Review accepted by the IRE.	Must be numeric. This is the total number of External Review requests received from an Insurer that the IRE chose to accept during the reporting year.
2/M	Number of requests for External Review rejected by the IRE.	Must be numeric. This is the total number of External Review requests received from an Insurer that the IRE chose to reject during the reporting year.
2/N	Number of IRE coverage denial decisions in favor of covered person	Must be numeric. This is the total number of decisions made by the IRE that are related to coverage denial and are in favor of the covered person during the reporting year.
2/O	Number of IRE coverage denial decisions in favor of insurer	Must be numeric. This is the total number of decisions made by the IRE that are related to coverage denial and are in favor of the insurer during the reporting year.
2/P	Number of IRE adverse determination decisions in favor of covered person	Must be numeric. This is the total number of decisions made by the IRE that are related to adverse determination and are in favor of the covered person during the reporting year.
2/Q	Number of IRE adverse determination decisions in favor of insurer	Must be numeric. This is the total number of decisions made by the IRE that are related to adverse determination and are in favor of the insurer during the reporting year.

2/R	Average turnaround time for any expedited independent review decision	Must be numeric. This is the average number of calendar days between the date of receipt of any Expedited External Review request and the rendering of a decision by the IRE during the reporting year.
2/S	Average turnaround time for any non-expedited independent review decision	Must be numeric. This is the average number of calendar days between the date of receipt of any non-expedited External Review request and the rendering of a decision by the IRE during the reporting year.
2/T	Average turnaround time for any expedited independent review decision related to coverage denial	Must be numeric. This is the average number of calendar days between the date of receipt of any expedited External Review request related to coverage denial and the rendering of a decision by the IRE during the reporting year.
2/U	Average turnaround time for any non-expedited independent review decision related to coverage denial	Must be numeric. This is the average number of calendar days between the date of receipt of any non-expedited External Request review related to coverage denial and the rendering of a decision by the IRE during the reporting year.
2/V	Average turnaround time for any expedited independent review decision related to adverse determination	Must be numeric. This is the average number of calendar days between the date of receipt of any expedited External Review request related to adverse determination and the rendering of a decision by the IRE during the reporting year.
2/W	Average turnaround time for any non-expedited independent review decision related to adverse determination	Must be numeric. This is the average number of calendar days between the date of receipt of any non-expedited External Review request related to adverse determination and the rendering of a decision by the IRE during the reporting year.
2/X	Number of expedited external reviews in which a 24 hour extension was granted.	Must be numeric. Total number of expedited external reviews in which a 24 hour extension was granted during the reporting year.
2/Y	Number of non-expedited reviews in which a 14 calendar day extension was granted.	Must be numeric. Total number of non-expedited external reviews in which a 14 calendar day extension was granted during the reporting year.
2/Z	Number of expedited external reviews in which IRE did not make a timely decision	Must be numeric. This is the total number of expedited external reviews in which the IRE received an assignment and a decision was not reached in 24 hours or within 48 hours if a 24 hour extension was granted during the reporting year.
2/AA	Number of non-expedited external reviews in which IRE did not make a timely decision	Must be numeric. This is the total number of non-expedited external reviews in which the IRE received an assignment and a decision was not reached in 21 calendar days or within 35 calendar days if a 14 calendar day extension was granted during the reporting year.
2/AB	Average number of reviewers used	Must be numeric. The average number of reviewers

	for each external review of a coverage denial decision.	used for each external review of a coverage denial decision during the reporting year.
2/AC	Average number of reviewers used for each external review of an adverse determination decision.	Must be numeric. The average number of reviewers used for each external review of an adverse determination decision during the reporting year.
2/AD	Total number of External Reviews for which the \$25 filing fee was waived for hardship.	Must be numeric. The number of external reviews for which the IRE waived the collection of the \$25 filing fee due to hardship during the reporting year.
2/AE	Total number of External Reviews for which the \$25 filing fee was refunded due to decision in favor of covered person.	Must be numeric. The number of external reviews for which the IRE refunded the \$25 filing fee to the covered person due to and IRE decision in favor of the covered person during the reporting year.
2/AF	Total number of External Reviews for which the \$25 filing fee was collected from the covered person.	Must be numeric. The number of external reviews for which the IRE collected the \$25 filing fee from the covered person (do not include external reviews for which the filing fee was waived or refunded) during the reporting year.

Report of IRE decisions not processed timely

This report provides information regarding the external reviews in which the IRE did not make a timely decision. This report shall be submitted as sheet 2 of the EXCEL spreadsheet. Row 1 shall contain field descriptions and the remaining rows, columns A through E shall contain the data submitted by the IRE. Each row represents one external review request that was not processed timely.

Row/ Column	Field Description	Valid Values
2/A	External review request number	This is the external review tracking number which identifies the case which was not processed in a timely manner.
2/B	Expedited/non-expedited	Indicate if the external appeal request was expedited or non-expedited. "E" represents expedited and "N" represents non-expedited.
2/C	Was an extension granted?	Indicate if an extension to render a decision was granted. (Extension periods are: 24 hours for expedited external review requests and 14 days for non-expedited external review requests). "Y" represents an extension was granted and "N" represents an extension was not granted.
2/D	Number of days taken to process the external review request.	Must be numeric. This is the total number of calendar days taken to render a decision for this external review request.
2/E	Reason for delay of decision.	State the reason the external review request was not processed timely.

Report of External Review requests Rejected by IRE

This report provides information regarding the external review requests in which the IRE did not accept an External Review assignment from an Insurer. This report shall be submitted as sheet 3 of the EXCEL spreadsheet. Row 1 shall contain field descriptions and the remaining rows, columns A through D shall contain the data submitted by the IRE. Each row represents one external review request that was not accepted by the IRE.

Row/ Column	Field Description	Valid Values
2/A	Date of Request	Must be 6 digit numeric. This is the date the external review was requested. Enter month/day/year.
2/B	Expedited/non-expedited	Indicate if the external appeal request was expedited or non-expedited. "E" represents expedited and "N" represents non-expedited.
2/C	Insurer Name.	Indicate the name of the insurer from which the External Review request was received by the IRE.
2/D	Reason for rejection.	State the reason the external review request was not accepted by the IRE.